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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

5101

First Inventor

Howard G. King

Title

EXCITATION AND EMISSION FILTER

Express Mail Label No.

EV 320 407 321 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **28**]
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **13**]
5. Oath or Declaration [Total Pages **2**]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76.

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Copy (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☒ 37 C.F.R. §3.73(b) Statement ☒ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Certified Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____ / _____ filed _____

Prior application information:

Examiner: _____

Group Art Unit: _____

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS☒ Customer Number or Bar Code Label**22896**or ☐ Correspondence address below

Name	Phil N. Makrogiannis				
Address	Applied Biosystems				
	850 Lincoln Centre Drive				
City	Foster City	State	California	Zip Code	94404
Country	US	Telephone	650-570-6667	Fax	650-638-6677

Name (Print/Type)	Phil N. Makrogiannis	Registration No. (Attorney/Agent)	47,766
Signature		Date	12/12/03

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**FEE TRANSMITTAL
for FY 2004**

Patent fees are subject to annual revision.

Complete if Known

Application Number	To be assigned
Filing Date	December 10, 2003 (herewith)
First Named Inventor	Howard G. King
Examiner Name	To be assigned
Group Art Unit	To be assigned
Attorney Docket No.	5101

TOTAL AMOUNT OF PAYMENT (\$) 990.00**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit
Account
Number
Deposit
Account
Name

01-2213

Applied Biosystems

- ☒
- Charge any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17
-
- ☐
- Applicant claims small entity status.
-
- See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:
-
- ☐
- Check
- ☐
- Credit card
- ☐
- Money
- ☐
- Other
-
- Order

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$) 770.00**2. EXTRA CLAIM FEES**

Total Claims		Extra Claims	Fee from below	Fee Paid	
30	-20**=	10	X 18	180.00	
Independent Claims	3	-3**=	0	X 86	0
Multiple Dependent					0

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 180.00**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

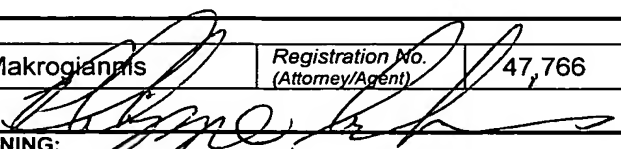
Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051	65	
1052	50	2052	25	
1053	130	1053	130	
1812	2520	1812	2520	
1804	920*	1804	920*	
1805	1840*	1805	1840*	
1251	110	2251	55	
1252	420	2252	210	
1253	950	2253	475	
1254	1480	2254	740	
1255	2010	2255	1005	
1401	330	2401	165	
1402	330	2402	165	
1403	290	2403	145	
1451	1510	1451	1510	
1452	110	2452	55	
1453	1330	2453	665	
1501	1330	2501	665	
1502	480	2502	240	
1503	640	2503	320	
1460	130	1460	130	
1807	50	1807	50	
1806	180	1806	180	
8021	40	8021	40	40.00
1809	770	2809	385	
1810	770	2810	385	
1801	770	2801	385	
1802	900	1802	900	
Other fee (specify)				

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 40.00**SUBMITTED BY**

Name (Print/Type)	Phil N. Makrogianis	Registration No. (Attorney/Agent)	47,766	Complete (if applicable)	Telephone	650-554-2164
Signature		Date	12/12/03			

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.